



# Incident Report

**Print Date/Time:** 05/12/2016 09:29  
**Login ID:** ss0139

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00008736

**Incident Date/Time:** 5/9/2016 5:44:00 AM  
**Location:** 2901 117TH AVE NE  
LAKE STEVENS WA 98258  
**Phone Number:** (254) 315-1417  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 2  
**Status:** 2  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D2	SS0127-Adams
19D3	SS0130-Rutherford
19N1	SS0075-Christensen
19N3	SS0135-Parnell
19S15	SS0126-Hingtgen

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	FRIEDRICH, KODY		(206) 321-5694			
2	Reporting Party	HENDRICKSON, SANDY		(254) 315-1417			
3	Involved Party	HERNANDEZ AGUILAR, STEPHANIE					10/25/1984
4	Driver	HERNANDEZ AGUILAR, STEPHANIE R				Female	10/25/1984

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						ABX7565	

## Disposition(s)

Disposition	Count
M	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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## CAD Narrative

05/09/2016 : 07:00:26 ss0126 Narrative: Tow arrived 0655 hrs

05/09/2016 : 06:49:19 SP0243 Narrative: 5 MIN ETA FOR TOW

05/09/2016 : 06:37:21 SP0243 Narrative: FRONTIER ADVISED

05/09/2016 : 06:30:58 SP0243 Narrative: ADV FRONTIER DAMAGED BOX IFO LOC

05/09/2016 : 06:17:31 SP0243 Narrative: SKY VALLEY TOW ENRT @0603

05/09/2016 : 06:17:29 SP0321 Narrative: FRONTIER SERVICE TICKET # 003080509

05/09/2016 : 06:14:52 SP0321 Narrative: FRONTIER ADVISED

05/09/2016 : 06:13:16 SP0321 Narrative: ADVISE PHONE COMPANY BOX DAMAGED IN CRASH

05/09/2016 : 05:55:42 SP0321 Narrative: FIRE TAPPED

05/09/2016 : 05:52:19 SP0321 Narrative: M81 ON ARRIVAL TO PD CAR

05/09/2016 : 05:51:41 SP0321 Narrative: E81 TO PULL REAR PRECONNECT WHEN ARRIVE, TO EXTINGUSH FIRE, ALSO INTO TREES

05/09/2016 : 05:50:35 SP0321 Narrative: 1 VEH OFF ROADWAY INTO TREE ON FIRE, 1 PT ON GROUND.

05/09/2016 : 05:49:09 SP0213 Narrative: PD OS ADV VEH IS ON FIRE

05/09/2016 : 05:47:12 SP0152 Narrative: Narrative added from associated Call #: 929 - UNK INJ, NON BLKING

05/09/2016 : 05:47:04 SP0152 Narrative: Narrative added from associated Call #: 929 - RP HEARD BANG, VEH WENT INTO TREE, THEN CAUGHT FIRE, DRIVER OUT OF VEH

05/09/2016 : 05:45:52 sp0251 Narrative: 1 SUBJ INJ, CONS, AND OUT OF VEH

05/09/2016 : 05:45:41 sp0251 Narrative: VEH VS TREE, ON FIRE

05/09/2016 : 05:45:33 SP0152 Narrative: Narrative added from associated Call #: 929 - VEH FIRE IN FRNT YARD


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591971

**REPORT NO. E542058**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-00008736
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	03	OBJECT STRUCK	TREE OR STUMP
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	CITY #
DATE OF COLLISION	05	-	09	-	2016			0545	31			S	W	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
117TH AVE NE	BLOCK NO. <input checked="" type="checkbox"/>	2800
	MILE POST	

DISTANCE	100	00	MILES	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> S	E	W	28TH PL NE
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE D: 4252321623
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LAST NAME	HERNANDEZ AGUILAR	FIRST NAME	STEPHANIE	MIDDLE INITIAL	
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STREET NEW ADDRESS	12115 STATE AVE #D216
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CITY	MARYSVILLE	ST	WA	ZIP	98271
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	HERNAS*163P5	STATE	WA	SEX	F	D.O.B. MMDDYYYY	10	-	25	-	1984
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	3	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	6	NATURE OF INJURIES	STOMACH PAIN
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LICENSE PLATE #	ABX7565	STATE	WA	VIN#	1G4HR53L1PH412060
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1993	MAKE	BUIC	MODEL	LESABR	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE D: 4253179607
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LAST NAME	FRONTIER COMMUNICATIONS	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	1800 41ST ST NE
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CITY	EVERETT	ST	WA	ZIP	98203
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX	U	D.O.B. MMDDYYYY		-		-	
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
M. HINGTEN	0126	WA0311900


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E542058**CASE # **2016-00008736**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

**NARRATIVE**

Veh #1 was traveling north on 117th Ave NE from 26th St NE. Veh #1 traveled over the oncoming lane of travel and onto the westside sidewalk. Veh #1 impacted a large tree in front of 2812 117th Ave NE. The impact caused the vehicle engine to catch on fire. The single occupant got out of the vehicle and was sitting on a nearby lawn when law enforcement arrived.

The owner/occupant of the vehicle stated that a friend, named "Kaley" was in the vehicle with her. There was no evidence of other occupants. The occupant stated that she was sleeping at a friends home and then drove home. She stated that she must have fallen asleep while driving.

The vehicle struck a property owner's picket fence and also a Frontier Communications utility box.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**M. HINGTGEN**
**05-09-16 09:00 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**M. HINGTGEN 0126**

DATE

**5/10/2016 5:10:14 PM**

BADGE OR ID #

**0126**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**5:45 AM**

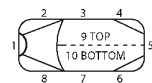
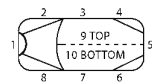
TIME POLICE ARRIVED

**5:49 AM**


**SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT**


013197

**REPORT NO. E542058**
**CASE # 2016-00008736**
**COMMERCIAL MOTOR CARRIER**

 INTERSTATE ☐ INTRASTATE ☐
**UNIT #** ☐ **USDOT** ☐ **IOC #** ☐ **VEHICLE TYPE** ☐ **CARGO BODY TYPE** ☐
**CARRIER NAME**
**CARRIER ADDRESS**
**CITY**
**ST**
**ZIP**
**NAME SOURCE**
**# AXLES**
**GVWR**
**PLACARD**
**+**
**NAME IF NO NUMBER**
**ADDITIONAL UNITS**
**UNIT # 3** **MOTOR VEHICLE** ☐ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☒ **DAMAGE THRESHOLD MET** **YES** ☐ **NO** ☒ **PHONE D: 4252391429**
**LAST NAME**
**KEELEY**
**FIRST NAME**
**JEFFREY**
**MIDDLE INITIAL**
**J**
**STREET NEW ADDRESS**
**11625 28TH ST NE**
**CITY**
**LAKE STEVENS**
**ST**
**WA**
**ZIP**
**98258**
**CDL**
**RESTRICTIONS**
**ENDORSEMENTS**
**DRIVER'S LICENSE #**
**STATE**
**SEX**
**M**
**D.O.B. MMDDYYYY**
**04**
**-**
**03**
**-**
**1977**
**ON DUTY** ☐
**STATUS**
**AIRBAG**
**RESTR.**
**EJECT**
**HELMET USE**
**INJURY CLASS**
**NATURE OF INJURIES**
**LICENSE PLATE #**
**STATE**
**VIN#**
**TRAILER PLATE #**
**STATE**
**TRAILER PLATE #**
**STATE**
**VEH. YEAR**
**MAKE**
**MODEL**
**STYLE**
**VEHICLE TOWED**
**YES**
**NO**
**TOWED BY**
**GOVT. VEHICLE**
**YES**
**NO**
**REGISTERED OWNER INFO.**
**LIABILITY INSURANCE IN EFFECT**
**INSURANCE CO & POLICY #**
**VEHICLE LEGALLY STANDING**
**YES**
**NO**
**CITATION #**
**CHARGE**
**SHADE IN DAMAGED AREA**

**UNIT #** **MOTOR VEHICLE** ☐ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** **YES** ☐ **NO** ☐ **PHONE**
**LAST NAME**
**FIRST NAME**
**MIDDLE INITIAL**
**STREET NEW ADDRESS**
**CITY**
**ST**
**ZIP**
**CDL**
**RESTRICTIONS**
**ENDORSEMENTS**
**DRIVER'S LICENSE #**
**STATE**
**SEX**
**D.O.B. MMDDYYYY**
**-**
**-**
**-**
**ON DUTY** ☐
**STATUS**
**AIRBAG**
**RESTR.**
**EJECT**
**HELMET USE**
**INJURY CLASS**
**NATURE OF INJURIES**
**LICENSE PLATE #**
**STATE**
**VIN#**
**TRAILER PLATE #**
**STATE**
**TRAILER PLATE #**
**STATE**
**VEH. YEAR**
**MAKE**
**MODEL**
**STYLE**
**VEHICLE TOWED**
**YES**
**NO**
**TOWED BY**
**GOVT. VEHICLE**
**YES**
**NO**
**REGISTERED OWNER INFO.**
**LIABILITY INSURANCE IN EFFECT**
**INSURANCE CO & POLICY #**
**VEHICLE LEGALLY STANDING**
**YES**
**NO**
**CITATION #**
**CHARGE**
**SHADE IN DAMAGED AREA**


I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**M. HINGTGEN**
**05-09-16 09:00 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

**BADGE OR ID #**
**0126**
**ORI #**
**WA0311900**
**APPROVED BY**
**HINGTGEN**
**DATE**
**5/10/2016**
**PAGE**
**3**
**OF**
**4**

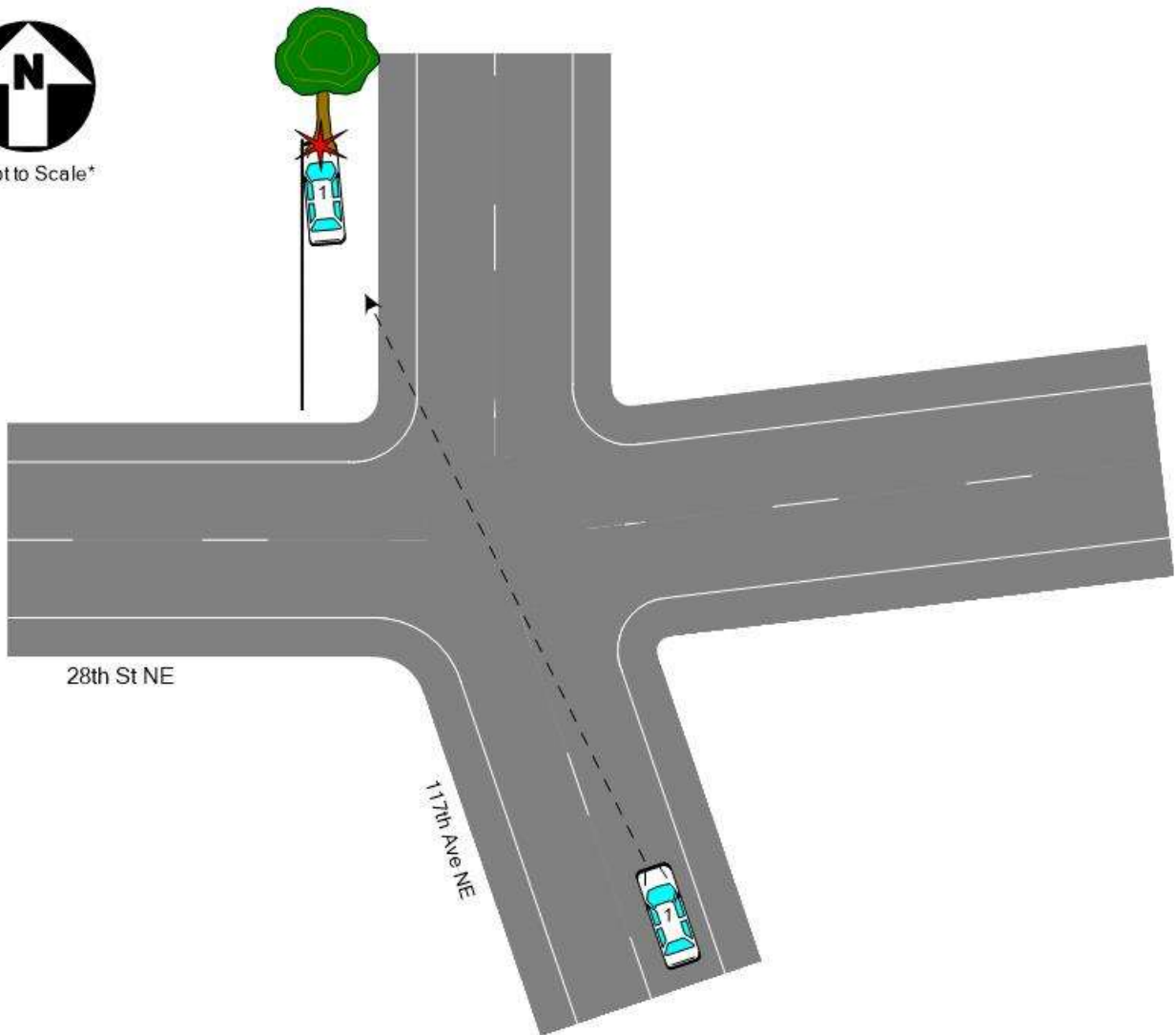
REPORT NO. E542058

CASE # 2016-00008736

DATE AND TIME  
OF COLLISION 05/09/16 05:45



\*Not to Scale\*



# TOW IMPOUND RECORD

CHECK ALL THAT APPLY:

☐ NON-IMPOUND/TOW

☐ AAA or OTHER ROADSIDE ASSISTANCE

☐ EVIDENCE

☐ SEIZED UNDER RCW 69.50.505

☒ IMPOUND ONLY

☐ DUI/PC IMPOUND WITH 12 HOUR HOLD

☐ DWLS IMPOUND WITH \_\_\_ DAY HOLD

☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.

☐ REGISTERED OWNER MAY REDEEM \_\_\_\_\_

## UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER  
2016-00008736

VEHICLE INFORMATION			
VIN 1G4HR53L1P412060			
LICENSE ABX7565	STATE WASHINGTON	YEAR 1993	MAKE BUICK
MILEAGE <input type="checkbox"/> Digital <input checked="" type="checkbox"/> Report of Sale UNREADABLE		STYLE SEDAN 4 DR	MODEL LESABRE
COLOR WHITE			
DRIVER		REGISTERED OWNER	
NAME (LAST, FIRST, MI) HERNANDEZ AGUILAR, STEPHANIE		NAME (LAST, FIRST, MI) HERNANDEZ AGUILAR, STEPHANIE	
STREET ADDRESS 12115 STATE AVE #D216		STREET ADDRESS 12115 STATE AVE #D216	
CITY, STATE, ZIP CODE MARYSVILLE, WA 98271		CITY, STATE, ZIP CODE KENNEWICK, WA 99336	
PHONE	DOB 10/25/1984	PHONE	PHONE

**AUTHORIZATION AND RECEIPT**

ON 5/9/2016 AT 06:16 PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS  
(DATE) (24 HOURS)

IN THE DESCRIBED VEHICLE, I AUTHORIZED SPEEDWAY TOWING 5712-015  
(TOWING FIRM) (DOL TRUCK NO.)

DRIVEN BY JERAMY BIRKLAND TO REMOVE THIS VEHICLE FROM 2800 117TH AVE NE  
(DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> [ ] KEYS <input type="checkbox"/> LOCKED TRUNK <input type="checkbox"/> LOCKED GLOVE BOX <input type="checkbox"/> LOCKED CENTER CONSOLE <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> [ ] DISC(S) <input type="checkbox"/> HANDS FREE DEVICE <input type="checkbox"/> GPS <input type="checkbox"/> RADAR / LIDAR DETECTOR <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> FRONT <input checked="" type="checkbox"/> R FRONT <input checked="" type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input checked="" type="checkbox"/> L FRONT <input checked="" type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____		

INVENTORY	NARRATIVE OR DIAGRAM
VEHICLE IS HEAVILY DAMAGED CAUSED BY A ENGINE FIRE	1 Vehicle Collision w/Engine Fire

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☐ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☒ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC  
SIGNATURE

M. Hingtgen

SNOHOMISH, WA  
COUNTY, WA

0126  
BADGE NO.

Lake Stevens PD  
AGENCY